

Mississippi Composite Partnership Income Tax Return 2003

CPA

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For Fiscal Year Beginning and Ending FEIN: Name of Entity Mailing Address (PO Box or Number & Street, Including Rural Route)

City <input type="text"/>	State <input type="text"/>	ZIP + 4 <input type="text"/>	-	County Code <input type="text"/>
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Filing Status

(See Instructions)

1. Check All That Apply: ☐ Initial Return ☐ Final Return ☐ Amended Return ☐ Short Year ☐ Inactive ☐ Address Change2. Type of Entity: ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP) ☐ Limited Liability Company (LLC) (Treated as a partnership)3. Check All That Apply: ☐ 100% Mississippi ☐ Multistate Direct Accounting ☐ Multistate Apportioning4a. Number of partners/members at end of tax year: 4b. Date business commenced in Mississippi 4c. Number of Schedules K-1's attached: *For Internal Use Only:*1 0 5 0 **Round All Amounts to the Nearest Dollar**

5. MS Net Taxable Income (Enter Amount, if Positive, from Form 86-122, Line 20)

6 6. **Total Income Tax**

7a. Ad Valorem Tax Credit (Form 83-401, Schedule A)

22

7b. Other Credits (From Form 83-401. Enter Credit Code and Amount).

▶ <input type="text"/>	\$ <input type="text"/>	▶ <input type="text"/>	\$ <input type="text"/>	▶ <input type="text"/>	\$ <input type="text"/>	
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8. Balance of Income Tax Due (Line 6 Minus Line 7a and Line 7b.)

9. Interest on Underestimated Income Tax Payments. (Attach Form 80-320)

26

10. Total of Lines 8 and 9.

PAYMENTS and TAX DUE

11. Overpayments from Prior Year.

12. Estimated Tax Payments and Payment with Extension.

13. Total Payments (Line 11 Plus Line 12.)

14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13.)

15. **Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.**
(See Instructions)29 16. **Amount Paid with this Return.** (Line 14 plus Line 15)**AMOUNT PAID**31

17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. (Line 13 minus Line 10.)

18. **Amount of Overpayment (Line 17) to be Refunded.****REFUND**33 19. **Amount of Overpayment (Line 17) to be Credited to Next Year.**34

Mail To: **Corporate Income Tax Division**
P.O. Box 1033
Jackson, MS 39215-1033

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Attach Payment for Total Due to:
State Tax Commission.

Officer's Signature_____
Date_____
Officer's Title()
Tax Department Phone_____
Paid Preparer's Signature_____
Date_____
Paid Preparer's Address_____
Paid Firm's Identification Number or PTIN**OR**_____
Paid Preparer's Social Security Number or PTIN()
Preparer's Phone

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Name

FEIN:

Federal Return Data Schedule**Round all amounts to the nearest dollar**

1. Total assets, beginning of year (From Federal Form 1065, Schedule L.)
2. Total assets, end of year (From Federal Form 1065, Schedule L.)
3. Total depreciable assets, beginning of year (From Federal Form 1065, Schedule L.)
4. Total depreciable assets, end of year (From Federal Form 1065, Schedule L.)
5. Federal gross receipts or sales less returns and allowances. (From Federal Form 1065.)

Mississippi Data

6. Mississippi gross receipts or sales, less returns and allowances.
7. Assets placed in service in Mississippi during the tax year.

Entity Information

8. IRS Business Activity Code number per Federal Form 1065, Page 1, Line C

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9. DBA

10. County codes for locations in Mississippi (See instructions)

11. Principal business activity in Mississippi

12. Principal business activity everywhere

13. Principal product or service in Mississippi

14. Principal product or service everywhere

15. Contact person for this return

16. Contact person's location and phone

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17. If amended return, check reason:

- ☐ Mississippi correction only
 ☐ Amended Federal Form 1065 (attach copy)
 ☐ Federal RAR (attach applicable copies)
 ☐ Other : _____

18. If final return, check reason and enter date effective:

- ☐ Dissolving Mississippi Partnership
 ☐ Withdrawing from State
 ☐ Incorporated

- ☐ Other : _____
 Date _____

19. If you checked "Incorporated" on line 18, provide the following:
New company or owner's name and address.

_____ FEIN _____
 _____ Phone () _____

- 20a. Is this partnership a partner/member in a partnership, LLP, or LLC doing business in Mississippi?
If Yes, attach Mississippi Form K-1(s).

☐ Yes ☐ No

- 20b. Is this partnership the owner/member of a single member LLC doing business in Mississippi?
(If Yes, attach schedule)

☐ Yes ☐ No

21. Has the partnership/LLP/LLC filed amended federal returns in the last three years?
If Yes, list years _____

☐ Yes ☐ No

22. Has the IRS made any changes to your taxable income in the last three years?
If Yes, list years _____

☐ Yes ☐ No

23. If Line 21 and/or Line 22 was checked "Yes", has the partnership/LLP/LLC filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS?

☐ Yes ☐ No

24. Did this partnership file any prior year return in which it claimed a federal 30% or 50% special depreciation allowance, but did not make the appropriate adjustments to back out such depreciation in determining its income to this state.

☐ Yes ☐ No